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| s | ubstitute for form 1449A/ | B/PTO | | Complete if Known 11 5 7 0 5 5 | | |
|----------|-----------------------------------|---------|---------|--------------------------------|------------------------|--|
| | | | | Application Number | Not Yet Assigned 53955 | |
| 1 | NFORMATI | ON DISC | CLOSURE | Filing Date | June 16, 2005 | |
| | STATEMENT BY APPLICANT | | | First Named Inventor | Morgan Larsson | |
| | | | | Art Unit | N/A | |
| <u> </u> | (Use as many sheets as necessary) | | | Examiner Name | Not Yet Assigned | |
| Shee | 1 | of | 1 | Attorney Docket Number | 1807-0184PUS1 | |

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| Examiner | Cite | Document Number | Publication Date | Name of Patentee or | Pages, Columns, Lines, Where | | | |
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| Examiner Signature | /Michael Masinick/ | Date Considered | 09/21/2007 |
|-----------------------|---|--------------------|------------|
| | * | | |

Applicant's unique citation designation number (optional). ²Applicant is to place a check mark here if English language Translation is attached.

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|------------------------|---|--|--|--|--|--|
| Application Number | Application Number 10/539,553-Conf. #2684 | | | | | |
| Filing Date | June 19, 2006 | | | | | |
| First Named Inventor | Morgan Larsson | | | | | |
| Art Unit | 1742 | | | | | |
| Examiner Name | Not Yet Assigned | | | | | |
| Attorney Docket Number | 1807-0184PUS1 | | | | | |

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| Examiner Initials* | Cite No.1 | Document Number Number-Kind Code ² (if known) | Publication Date MM-DD-YYYY | Name of Patentee or Applicant of Cited Document | Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear | | | | |
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| Examiner Initials | Cite No.1 | Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published. | T² | | | | | |
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| Examiner Signature | /Michael Masinick/ | Date Considered | 09/20/2007 |
|-----------------------|--------------------|--------------------|------------|
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